

# Adult Child Enrollment



**King County**

Benefits, Payroll and  
Retirement Operations

Please submit this form ***within 30 days*** of the date of your letter notifying you of your opportunity to continue **dental and/or vision coverage** for your adult child. Mail to Benefits, Payroll and Retirement Operations, The Chinook Building CNK-ES-0240, 401 Fifth Ave., Seattle, WA 98104-2333, or fax it to 206-296-7700. If you do not submit this form within 30 days, you will not be able to add your adult child to your dental and vision coverage until the next open enrollment. If you have questions, contact Benefits, Payroll and Retirement Operations at 206-684-1556 or [kc.benefits@kingcounty.gov](mailto:kc.benefits@kingcounty.gov).

You may elect to continue the dental and/or vision coverage in which your adult child is currently enrolled through King County until he/she reaches age 26. Medical coverage will continue automatically up to age 26 at no cost to you. If you elect to continue dental and/or vision coverage for your adult child, you will be required to pay the related premiums through payroll deduction. You may also pay premiums through payroll deduction to continue covering an adult child under your supplemental life insurance and your supplemental accidental death and dismemberment (AD&D) insurance until age 26. Premiums are found on the back of this form.

## Section 1: Employee information

Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	PeopleSoft employee ID
Address		Apt/unit number		Date of birth (mm/dd/yyyy)
City	State	ZIP code	Work phone (     )	
Paid <input type="checkbox"/> 5 <sup>th</sup> and 20 <sup>th</sup> ea month <input type="checkbox"/> Every other Thursday			Home phone (     )	

## Section 2: Adult child information

Last name	First name	Middle initial	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy)
Address		Apt/unit number		Social Security number
City	State	ZIP code	Work or home phone (     )	
Select the coverage you want your adult child to have: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Supplemental life <input type="checkbox"/> Supplemental accidental death and disability (AD&D)				

## Section 3: Authorization for enrollment and premium payment

The information on this form is true, correct and complete. I authorize King County to make any payroll deductions or refunds resulting from my requested action. I affirm that my adult child meets the eligibility requirements as defined on the back of this form. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I also understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 4: Adult dependent authorization for use or disclosure** (your adult child must sign this form to receive County benefits)

I authorize the use or disclosure of personal health information about me to Benefits, Payroll and Retirement Operations and to County-contracted administrators as necessary for the administration of my benefits. I understand that this authorization is voluntary. I also understand that the same confidentiality standards that apply to my medical records under the Health Insurance Portability and Accountability Act (HIPAA) also apply to my other benefit coverage records and will not be shared except as authorized under the County's HIPAA Notice of Privacy Practices, which may be amended as required. I also understand that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Monthly costs to cover adult children**

	<b>Adult children of regular employees and full-time transit operators</b>	<b>Adult children of part-time transit operators</b>	<b>Adult children of deputy sheriffs</b>
<b>Dental</b>	\$ 51.28	\$ 51.28	\$ 51.28
<b>Vision</b>	\$ 9.96	\$ 9.96	\$ 9.96
<b>Supplemental life</b>	\$ 0.90	\$ 0.90	
<b>Supplemental AD&amp;D</b>	\$0.25 / \$50,000	\$0.25 / \$50,000	

**When are adult children eligible?**

- For medical, dental and vision coverage, your adult children are eligible for County coverage if they are age 23, 24 or 25 even if they are not dependent on you for support and even if they are married, though you may not cover their spouses or their children;
- Your adult children are eligible for supplemental life up to age 26 regardless of whether they have other coverage and even if they are dependent on you for support;
- Your adult children are eligible for supplemental accidental death and dismemberment (AD&D) insurance up to age 26, even if they are married;
- "Child" or "children" means:
  - biological child;
  - adopted child, or child legally placed with you for adoption or for whom you assume total or partial legal obligation for support in anticipation of adoption;
  - stepchild;
  - legally designated ward, who includes legally placed foster child, child placed with you as legal guardian or child named in a Qualified Medical Child Support Order (QMCSO) as defined under federal law and authorized by the plan;
- A disabled adult child age 26 or older may continue on your benefits after age 26 if the child:
  - was incapacitated and covered under your benefits before age 26;
  - continues to be incapacitated due to a developmental or physical disability;
  - is chiefly dependent on you for support; and
  - you may claim him/her on your federal tax return.

<b>Office use only</b>	Date received	Processed by	Audited by	Date effective
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